



Lisa Golden, RN, MSN
Director of Health & Human Services
978.674.1050

11. **Facility Telephone:** _____

12. **Body Art Facility Owner's name and phone number** (if different from practitioner applicant):

Name	Phone
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13. **All Applicants must provide the following unless otherwise noted and are responsible for submitting any updates or renewals directly to the Health Department at the time of update/renewal :**

- a. Completed Application and license fee of two hundred fifty dollars (\$250.00) payable by check or money order made out to the City of Lowell.
- b. Letters of acceptance signed by the Licensed Body Art Practitioner-Trainer overseeing the applicant and Body Art Establishment owner (if different from Trainer) acknowledging the conditions and requirements of the apprenticeship including, but not limited to, acknowledging joint responsibility for the apprentice throughout the training period ensuring that all procedures and practices are conducted in compliance with all applicable body art regulations.
- c. Acknowledgement of the Apprenticeship Program minimum requirements signed by the applicant and the Body Art Practitioner/Trainer requesting to train said applicant. If the Body Art Practitioner/Trainer is not the owner of the Body Art Establishment, the owner must also sign the Apprenticeship Program minimum requirements.
- d. Evidence of successful course completion in Prevention of Disease Transmission & Blood Borne Pathogen Training. (Applicant must show a current dated certificate of completion with grade verification, for training course which fulfills the requirements of 29 United States Code 1910.1030 et seq.) and is renewed annually.
- e. Evidence of current certification in American Red Cross Basic First and Advanced CPR. (Applicant must show a dated certificate of completion of a course in First Aid and advanced CPR that demonstrates the required course was completed within the last two (2) years).
- f. Documentation of Hepatitis B Virus (HBV) Vaccination Status.
- g. Declaration of any prior felony criminal convictions.
- h. Certificate of Insurance demonstrating coverage for the applying apprentice for length of apprenticeship.
- i. A sample of the apprentice client consent form and the disclosure statement to be used during apprenticeship must be submitted with completed application. Both shall be on establishment letterhead.
- j. A copy of the curriculum developed by the Training practitioner is to be submitted with this application.
- k. Applicants in the field of Tattooing only - Proof of satisfactory completion of a course, with a grade of C or better, in Anatomy and Physiology I & II from an accredited college (or Department-approved skin course) with transcript or verification of passage of the course mailed directly to the Health Department
- l. Applicants in the field of Microblading must include a copy of membership in either the Society of Permanent Cosmetic Professionals and passing of the Certification Exam; or membership in the American Academy of Micro-pigmentation with a minimum of Gold level certification.
- m. Applicants in the field of Microblading must include a copy of the notification and supporting documentation to the Board of Licensure of operating outside the scope of their licensure.



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APPLICANT/BODY ART APPRENTICE LICENSEE STATEMENT OF CONSENT

I understand that this apprentice license expires one (1) year from the date of issuance for microblading or two (2) years from the date of issuance for tattooing.

I understand that any notice required to be given by the Lowell Health Department to me may be given by mailing the notice to the address of the last place of business (facility address) of which I have notified the Lowell Health Department.

I also understand that I am responsible for contacting the Lowell Health Department with any changes, including but not limited to, change of name or address, or ceasing of apprenticeship work, or requesting any change to the apprenticeship license.

I acknowledge that I am responsible for the renewal of this license by as necessary regardless of notice from the Lowell Health Department.

I acknowledge that I am responsible for maintaining any certifications or trainings mandated within the City of Lowell Body Art regulations with updates/renewals of such certifications or trainings being submitted to the Lowell Health Department at the time of renewal. I agree to abide by the City of Lowell Regulations promulgated under M.G.L. c111 s.31 governing Body Art.

I agree to work only out of a facility that is in compliance with any Lowell Health Department requirements and has a valid Body Art Establishment License. I agree to have my Body Art Apprentice License conspicuously posted within the establishment where I work.

I have read and understood the prohibitions put forth in, but not limited to, sections 10.12, 13.7, 15.09 and 18 of the Lowell Health Department Regulations Governing Body Art.

I have read and understand the minimum requirements, as stated within the City of Lowell Regulations relative to Body Art, that must be met as a condition of my apprenticeship.

I understand the above check list may not list all the required documentation noted within the regulations and will provide such documentation when notified by the Health Department of its missing status.

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way.

Date

Signature

Print Name



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ACKNOWLEDGEMENT BY BODY ART PRACTITIONER/TRAINER AND ESTABLISHMENT OWNER.

This must be submitted with the Application for Body Art Apprentice License at the time of application.

By signing below, I acknowledge the following:

1. I acknowledge that I have read and understand the requirements to be a Licenced Body Art Practitioner-Trainer under the City of Lowell Body Art Regulations Apprentice Program, and that I meet the training and other minimum requirements as such;
2. I certify that the Body Art Establishment meets the training and other minimum requirements as stated within the Apprenticeship Program Guidelines;
3. I acknowledge that I will be the licensed Body Art Practitioner/Trainer for the applicant and that I will only supervise one apprentice at a time;
4. I acknowledge the conditions and requirements of of the apprenticeship as stated within the City of Lowell Body Art Regulations Apprenticeship Program, inclusive of acknowledging joint responsibility for an apprentice throughout the training period;
5. I will ensure that all procedures and practices are conducted within all applicable body art regulations;
6. I acknowledge that upon a lapse of thirty (30) days, I must notify the Health Department of the applicants failure to meeting the training provisions of the apprenticeship program and that after 30 days, the applicant must apply to continue the program due to extenuating circumstances and that after six months, the applicant must reapply in full and restart the program;
7. I acknowledge that, as the responsible party, all training documentation and time logs must be submitted to the Health Department on a regular (monthly) basis. At no time shall more than two (2) months worth of documentation be outstanding to the Health Department. I additionally acknowledge that at the end of the apprenticeship program all original timelogs and training documents must be notarized and submitted to the Health Department with the apprentice's application as a Body Art Practitioner;
8. I acknowledge that all documentation regarding the training program (time logs, timesheets, consent forms, etc.) much be held for a minimum of one year from the last day of an apprenticeship, regardless of completion of the program;
9. I acknowledge that the training for all apprentices shall include, but not be limited to training on the following:
 - a. Client consultation;
 - b. Client health form;
 - c. Client disclosure form;
 - d. Client preparation;
 - e. Client informed consent;
 - f. Sanitation and safety precautions;
 - g. Implement selection and use;
 - h. Proper use of equipment;
 - i. Material selection and use;
 - j. Needles;
 - k. Pigments;
 - l. Machine:
 - i. Construction;
 - ii. Adjustment; and
 - iii. Power supply;
 - m. Art, drawing, and portfolio;



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10. A certificate of insurance has been provided to the applicant to submit with their Apprenticeship Program Application.
11. A developed curriculum has been provided to the applicant to submit with their Apprenticeship Program Application.
12. If a Body Art Practitioner in the field of Microblading, I have provided proof of membership and certification as a trainer in the AMA or the SPMP for the applicant to include with their application.
13. I acknowledge that at the end of the applicant's apprenticeship, I shall provide a statement stating the applicant's competency and ability to work without supervision, thus recommending the applicant be granted a Body Art Practitioner's License. Such statement shall include documentation of the types and number of procedures the apprentice completed within the training period.

I hereby acknowledge the above requirements may not list all the requirements that must be met under the Apprenticeship Program Guidelines and that I, as the Body Art Practitioner/Trainer, am responsible for all requirements and parameters of the program being met.

_____ Signature of Body Art Practitioner/Trainer	_____ Printed Name	_____ Date Signed
_____ Signature of Body Art Establishment Owner Signed (if different from Practitioner/Trainer)	_____ Printed Name	_____ Date